Master Time Sheet
Monday to Sunday

Contact:	Tel:
Company:	Fax:
Address:	Week ending:

Employee Name	MON	TUE	WED	THU	FRI	SAT	SUN	Reg	OT	Total

Client Approval:

The total hours indicated were performed satisfactorily by the Northern Employment Solutions employee(s) named on this time sheet. I understand that there is a fee payable for hiring any of the people listed above. I have read and I agree to the terms of the Client Agreement on Page 2.

Authorized signature: _____